

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 002566-016300
<p style="text-align: center;">CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 517-273-8300 on _____.</p> <p>Signature: _____</p> <p>Name: _____</p>	In re Application of: Albert H.F. DE HEER et al.	
	Application Number: 09/626,347	Filed: July 26, 2000
	For: METHODS AND APPARATUS FOR CATALOG DATA CAPTURE, STORAGE AND DISTRIBUTION	
	Group Art Unit: 2163	Examiner: Patrick A. Darno
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="margin-left: 40px;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) <span style="float: right;">\$ _____</span>  <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460) <span style="float: right;">\$ <u>460.00</u></span>  <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050) <span style="float: right;">\$ _____</span>  <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640) <span style="float: right;">\$ _____</span>  <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230) <span style="float: right;">\$ _____</span> </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Applicant claims small entity status.  <input type="checkbox"/> A check to cover the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u>.  I have enclosed a duplicate copy of this sheet. </div> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <div style="margin-left: 40px;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  <input checked="" type="checkbox"/> attorney or agent of record. Reg. No. <u>51,646</u>  <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a) _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p style="text-align: center;">_____ /Jessica M. Egner, Reg. No. 51,646/ Signature</p> <p style="text-align: center;">_____ Jessica M. Egner Typed or printed name</p> </div> <div style="width: 45%;"> <p style="text-align: center;">_____ January 8, 2008 Date</p> <p style="text-align: center;">_____ 202-585-8000 Telephone Number</p> </div> </div>		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		